



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2003
OF THE CONDITION AND AFFAIRS OF THE

Grand Valley Health Plan

NAIC Group Code	0000	NAIC Company Code	95453	Employer's ID Number	38-2396958
	(Current Period)		(Prior Period)		
Organized under the Laws of	Michigan	State of Domicile or Port of Entry	Michigan		
Country of Domicile	United States of America				
Licensed as business type:	Life, Accident & Health []	Property/Casualty []	Dental Service Corporation []		
	Vision Service Corporation []	Other []	Health Maintenance Organization [X]		
	Hospital, Medical & Dental Service or Indemnity []	Is HMO, Federally Qualified? Yes [X]	No []		
Incorporated	12/03/1981	Commenced Business	02/05/1982		
Statutory Home Office	829 Forest Hills Ave SE	Grand Rapids, MI 49546			
	(Street and Number)	(City or Town, State and Zip Code)			
Main Administrative Office	829 Forest Hills Ave	616-949-2410-119			
	Grand Rapids, MI 49546	(Area Code) (Telephone Number)			
	(City or Town, State and Zip Code)				
Mail Address	829 Forest Hills Ave SE	Grand Rapids, MI 49546			
	(Street and Number or P.O. Box)	(City or Town, State and Zip Code)			
Primary Location of Books and Records	829 Forest Hills Ave	616-949-2410-116			
	Grand Rapids, MI 49546	(Area Code) (Telephone Number)			
	(City or Town, State and Zip Code)				
Internet Website Address	gvhp.com				
Statutory Statement Contact	Lynn Fehrle	616-949-2410-116			
	(Name)	(Area Code) (Telephone Number) (Extension)			
	fehrlel@gvhp.com	616-949-9848			
	(E-mail Address)	(FAX Number)			
Policyowner Relations Contact	829 Forest Hills Ave SE	616-949-2410			
	(Street and Number)	(Area Code) (Telephone Number) (Extension)			
	Grand Rapids, MI 49546				
	(City or Town, State and Zip Code)				

OFFICERS

President	Roland E Palmer	Secretary	Thomas W Schouten
Treasurer	Craig D Thompson		

VICE PRESIDENTS

James T Kirby		
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DIRECTORS OR TRUSTEES

Lucille I Grimm	Pamela L Silva	John B Miller
Herbert A Start	Kathy L Lentz	Margaret Sudekum
Gene Peterson		

State ofMichigan.....

County ofKent.....

ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively.

Roland Palmer

President

(n/a

n/a)

Tom Schouten

Secretary

(n/a)

Craig Thompson

Treasurer

(n/a)

Subscribed and sworn to before me this

31

day of

03, 2004

Elissa Belknap

Administrative Assistant

01013000

a. Is this an original filing?

Yes [X] No []

b. If no,

1. State the amendment number

2. Date filed

04/01/2004

3. Number of pages attached

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	.0		.0	.0
2. Stocks (Schedule D):				
2.1 Preferred stocks .....	.0		.0	.0
2.2 Common stocks .....	.0		.0	.0
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens .....			.0	.0
3.2 Other than first liens .....			.0	.0
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances).....	1,317,872	50,014	1,267,858	1,386,857
4.2 Properties held for the production of income (less \$ encumbrances) .....			.0	.0
4.3 Properties held for sale (less \$ encumbrances) .....			.0	.0
5. Cash (\$3,923,141 , Schedule E, Part 1), cash equivalents (\$0 , Schedule E, Part 2) and short -term investments (\$1,028,932 , Schedule DA).....	4,952,081		4,952,081	2,114,239
6. Contract loans, (including \$premium notes)	.0		.0	.0
7. Other invested assets (Schedule BA)	762,387	.0	762,387	792,138
8. Receivable for securities .....			.0	.0
9. Aggregate write-ins for invested assets .....	.0	.0	.0	.0
10. Subtotals, cash and invested assets (Lines 1 to 9)	7,032,340	50,014	6,982,326	4,293,234
11. Investment income due and accrued .....			.0	1,168
12. Premiums and considerations:				
12.1 Uncollected premiums and agents' balances in the course of collection	261,602		261,602	981,273
12.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$earned but unbilled premium).....			.0	.0
12.3 Accrued retrospective premium.....			.0	.0
13. Reinsurance:				
13.1 Amounts recoverable from reinsurers	586,799		586,799	525,219
13.2 Funds held by or deposited with reinsured companies .....			.0	.0
13.3 Other amounts receivable under reinsurance contracts .....			.0	.0
14. Amounts receivable relating to uninsured plans .....			.0	.0
15.1 Current federal and foreign income tax recoverable and interest thereon	818,685	636,679	182,006	.0
15.2 Net deferred tax asset.....	.0		.0	.0
16. Guaranty funds receivable or on deposit .....			.0	.0
17. Electronic data processing equipment and software.....	290,860	14,195	276,665	166,310
18. Furniture and equipment, including health care delivery assets (\$)	(31,055)	(31,055)	.0	72,541
19. Net adjustment in assets and liabilities due to foreign exchange rates .....			.0	.0
20. Receivables from parent, subsidiaries and affiliates	487,547		487,547	702,644
21. Health care (\$) and other amounts receivable.....	82,951	76,196	6,755	19,316
22. Other assets nonadmitted	39,583	39,583	.0	.0
23. Aggregate write-ins for other than invested assets	470,671	.0	470,671	334,577
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 10 to 23).....	10,039,983	785,612	9,254,371	7,096,282
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	.0
26. Total (Lines 24 and 25)	10,039,983	785,612	9,254,371	7,096,282
DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page .....	.0	.0	.0	.0
0999. Totals (Lines 0901 thru 0903 plus 0998)(Line 9 above)	0	0	0	0
2301. Pharmacy Inventorty.....	352,519		352,519	246,846
2302. A/R Other.....	118,152		118,152	87,731
2303.				
2398. Summary of remaining write-ins for Line 23 from overflow page .....	.0	.0	.0	.0
2399. Totals (Lines 2301 thru 2303 plus 2398)(Line 23 above)	470,671	0	470,671	334,577

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ reinsurance ceded)	3,854,528	246,816	4,101,344	3,443,204
2. Accrued medical incentive pool and bonus amounts			0	0
3. Unpaid claims adjustment expenses	160,590		160,590	35,000
4. Aggregate health policy reserves			0	0
5. Aggregate life policy reserves			0	
6. Property/casualty unearned premium reserves			0	
7. Aggregate health claim reserves			0	0
8. Premiums received in advance	0	0	0	726,389
9. General expenses due or accrued	1,132,464		1,132,464	847,834
10.1 Current federal and foreign income tax payable and interest thereon (including \$ on realized capital gains (losses))			0	
10.2 Net deferred tax liability			0	
11. Ceded reinsurance premiums payable			0	
12. Amounts withheld or retained for the account of others			0	0
13. Remittance and items not allocated			0	
14. Borrowed money (including \$ current) and interest thereon \$ (including \$ current)			0	0
15. Amounts due to parent, subsidiaries and affiliates	(17,583)		(17,583)	0
16. Payable for securities			0	0
17. Funds held under reinsurance treaties with (\$ authorized reinsurers and \$ unauthorized reinsurers)			0	0
18. Reinsurance in unauthorized companies			0	0
19. Net adjustments in assets and liabilities due to foreign exchange rates			0	0
20. Liability for amounts held under uninsured accident and health plans			0	0
21. Aggregate write-ins for other liabilities (including \$ current)	0	0	0	57,482
22. Total liabilities (Lines 1 to 21)	5,129,999	246,816	5,376,815	5,109,909
23. Common capital stock	XXX	XXX	312,996	312,996
24. Preferred capital stock	XXX	XXX		0
25. Gross paid in and contributed surplus	XXX	XXX	1,212,873	1,212,873
26. Surplus notes	XXX	XXX	500,000	500,000
27. Aggregate write-ins for other than special surplus funds	XXX	XXX	0	0
28. Unassigned funds (surplus)	XXX	XXX	1,851,687	(39,496)
29. Less treasury stock, at cost:				
29.1 shares common (value included in Line 23 \$)	XXX	XXX		0
29.2 shares preferred (value included in Line 24 \$)	XXX	XXX		0
30. Total capital and surplus (Lines 23 to 28 Less 29)	XXX	XXX	3,877,556	1,986,373
31. Total liabilities, capital and surplus (Lines 22 and 30)	XXX	XXX	9,254,371	7,096,282
DETAILS OF WRITE-INS				
2101. Malpractice Insurance Tail			0	57,482
2102. Capital Lease			0	0
2103.				
2198. Summary of remaining write-ins for Line 21 from overflow page	0	0	0	0
2199. Totals (Lines 2101 thru 2103 plus 2198) (Line 21 above)	0	0	0	57,482
2701.	XXX	XXX		0
2702.	XXX	XXX		
2703.	XXX	XXX		
2798. Summary of remaining write-ins for Line 27 from overflow page	XXX	XXX	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
1. Member Months.....	XXX	228,284	238,608
2. Net premium income (including non-health premium income).....	XXX	41,990,356	38,981,260
3. Change in unearned premium reserves and reserve for rate credits	XXX		0
4. Fee-for-service (net of \$ medical expenses)	XXX	574,161	626,331
5. Risk revenue	XXX		0
6. Aggregate write-ins for other health care related revenues	XXX	1,266,747	1,204,045
7. Aggregate write-ins for other non-health revenues	XXX	0	0
8. Total revenues (Lines 2 to 7)	XXX	43,831,264	40,811,636
Hospital and Medical:			
9. Hospital/medical benefits	3,134,136	28,249,720	26,193,370
10. Other professional services	29,329	2,553,255	2,604,487
11. Outside referrals			0
12. Emergency room and out-of-area	100,971	866,808	890,653
13. Prescription drugs		6,875,983	6,198,013
14. Aggregate write-ins for other hospital and medical.....	1,460	842,882	853,117
15. Incentive pool, withhold adjustments and bonus amounts.....			0
16. Subtotal (Lines 9 to 15)	3,265,896	39,388,648	36,739,640
Less:			
17. Net reinsurance recoveries		349,625	525,219
18. Total hospital and medical (Lines 16 minus 17)	3,265,896	39,039,023	36,214,421
19. Non-health claims			
20. Claims adjustment expenses		293,771	217,586
21. General administrative expenses.....		3,974,941	3,956,145
22. Increase in reserves for life and accident and health contracts (including \$ increase in reserves for life only).....		0	0
23. Total underwriting deductions (Lines 18 through 22)	3,265,896	43,307,735	40,388,152
24. Net underwriting gain or (loss) (Lines 8 minus 23)	XXX	523,529	423,484
25. Net investment income earned		208,754	150,601
26. Net realized capital gains or (losses)			0
27. Net investment gains or (losses) (Lines 25 plus 26)	0	208,754	150,601
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$) (amount charged off \$)]			0
29. Aggregate write-ins for other income or expenses	0	0	0
30. Net income or (loss) before federal income taxes (Lines 24 plus 27 plus 28 plus 29)	XXX	732,283	574,085
31. Federal and foreign income taxes incurred	XXX	246,311	253,000
32. Net income (loss) (Lines 30 minus 31)	XXX	485,972	321,085
DETAILS OF WRITE-INS			
0601. Copayments.....	XXX	1,266,747	1,204,045
0602.	XXX		0
0603.	XXX		
0698. Summary of remaining write-ins for Line 6 from overflow page	XXX	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	XXX	1,266,747	1,204,045
0701.	XXX		
0702.	XXX		
0703.	XXX		
0798. Summary of remaining write-ins for Line 7 from overflow page	XXX	0	0
0799. Totals (Lines 0701 thru 0703 plus 0798) (Line 7 above)	XXX	0	0
1401.			0
1402. Other Medical Expenses.....	1,460	842,882	853,117
1403.			
1498. Summary of remaining write-ins for Line 14 from overflow page	0	0	0
1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above)	1,460	842,882	853,117
2901.			
2902.			
2903.			
2998. Summary of remaining write-ins for Line 29 from overflow page	0	0	0
2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above)	0	0	0

CAPITAL AND SURPLUS ACCOUNT

	1 Current Year	2 Prior Year
CAPITAL AND SURPLUS ACCOUNT:		
33. Capital and surplus prior reporting period	1,986,371	1,489,609
GAINS AND LOSSES TO CAPITAL & SURPLUS:		
34. Net income or (loss) from Line 32	485,972	321,085
35. Change in valuation basis of aggregate policy and claim reserves		0
36. Net unrealized capital gains and losses		0
37. Change in net unrealized foreign exchange capital gain or (loss)		0
38. Change in net deferred income tax	(43,925)	443,000
39. Change in nonadmitted assets	1,449,138	(277,454)
40. Change in unauthorized reinsurance	0	0
41. Change in treasury stock	0	0
42. Change in surplus notes	0	0
43. Cumulative effect of changes in accounting principles		0
44. Capital Changes:		
44.1 Paid in		0
44.2 Transferred from surplus (Stock Dividend)		0
44.3 Transferred to surplus		10,131
45. Surplus adjustments:		
45.1 Paid in		0
45.2 Transferred to capital (Stock Dividend)	0	0
45.3 Transferred from capital		0
46. Dividends to stockholders		0
47. Aggregate write-ins for gains or (losses) in surplus	0	0
48. Net change in capital & surplus (Lines 34 to 47)	1,891,185	496,762
49. Capital and surplus end of reporting period (Line 33 plus 48)	3,877,556	1,986,371
DETAILS OF WRITE-INS		
4701. Adj for surplus increase.....		0
4702.		
4703.		
4798. Summary of remaining write-ins for Line 47 from overflow page	0	0
4799. Totals (Lines 4701 thru 4703 plus 4798) (Line 47 above)	0	0

CASH FLOW

	1 Current Year To Date	2 Prior Year Ended December 31
Cash from Operations		
1. Premiums collected net of reinsurance.....	42,695,089	39,725,129
2. Net investment income	209,922	150,601
3. Miscellaneous income	1,266,747	1,204,045
4. Total (Lines 1 to 3)	44,171,758	41,079,775
5. Benefits and loss related payments	38,747,934	38,242,313
6. Net transfers to Separate, Segregated Accounts and Protected Cell Accounts.....		0
7. Commissions, expenses paid and aggregate write-ins for deductions	3,690,311	3,644,957
8. Dividends paid to policyholders		0
9. Federal and foreign income taxes paid (recovered) \$ net tax on capital gains (losses)	428,317	201,376
10. Total (Lines 5 through 9)	42,866,562	42,088,646
11. Net cash from operations (Line 4 minus Line 10)	1,305,196	(1,008,871)
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	0	50,000
12.2 Stocks	0	0
12.3 Mortgage loans	0	0
12.4 Real estate	0	0
12.5 Other invested assets	29,751	19,338
12.6 Net gains or (losses) on cash and short-term investments	0	0
12.7 Miscellaneous proceeds	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7)	29,751	69,338
13. Cost of investments acquired (long-term only):		
13.1 Bonds	0	0
13.2 Stocks	0	0
13.3 Mortgage loans	0	0
13.4 Real estate	0	0
13.5 Other invested assets	0	0
13.6 Miscellaneous applications	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6)	0	0
14. Net increase (or decrease) in policy loans and premium notes	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	29,751	69,338
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes	0	0
16.2 Capital and paid in surplus, less treasury stock.....	0	0
16.3 Borrowed funds received.....	0	(5,693)
16.4 Net deposits on deposit-type contracts and other insurance liabilities		0
16.5 Dividends to stockholders	0	0
16.6 Other cash provided (applied).....	1,502,895	683,781
17. Net cash from financing and miscellaneous sources (Line 16.1 to Line 16.4 minus Line 16.5 plus Line 16.6)	1,502,895	678,088
RECONCILIATION OF CASH AND SHORT-TERM INVESTMENTS		
18. Net change in cash and short-term investments (Line 11 plus Line 15 plus Line 17)	2,837,842	(261,445)
19. Cash and short-term investments:		
19.1 Beginning of year	2,114,239	2,375,684
19.2 End of period (Line 18 plus Line 19.1).....	4,952,081	2,114,239

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Grand Valley Health Plan

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS (Gain and Loss Exhibit)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-term Care	Other Health	Other Non-Health
1. Net premium income	41,990,356	37,416,544				4,573,812							
2. Change in unearned premium reserves and reserve for rate credit	0												
3. Fee-for-service (net of \$ medical expenses)	574,161	574,161											XXX
4. Risk revenue	0												XXX
5. Aggregate write-ins for other health care related revenues	1,266,747	1,154,247	0	0	0	112,500	0	0	0	0	0	0	XXX
6. Aggregate write-ins for other non-health care related revenues	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
7. Total revenues (Lines 1 to 6)	43,831,264	39,144,952	0	0	0	4,686,312	0	0	0	0	0	0	0
8. Hospital/medical/ benefits	28,249,720	25,740,850				2,508,870							XXX
9. Other professional services	2,553,255	2,286,499				266,756							XXX
10. Outside referrals	0												XXX
11. Emergency room and out-of-area	866,808	789,826				76,982							XXX
12. Prescription Drugs	6,875,983	6,265,324				610,659							XXX
13. Aggregate write-ins for other hospital and medical	842,882	842,882	0	0	0	0	0	0	0	0	0	0	XXX
14. Incentive pool, withhold adjustments and bonus amounts	0												XXX
15. Subtotal (Lines 8 to 14)	39,388,648	35,925,381	0	0	0	3,463,267	0	0	0	0	0	0	XXX
16. Net reinsurance recoveries	349,625	318,575				31,050							XXX
17. Total medical and hospital (Lines 15 minus 16)	39,039,023	35,606,806	0	0	0	3,432,217	0	0	0	0	0	0	XXX
18. Non-health claims (net)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
19. Claims adjustment expenses	293,771	267,681				26,090							
20. General administrative expenses	3,974,941	3,621,925				353,016							
21. Increase in reserves for accident and health contracts	0												XXX
22. Increase in reserves for life contracts	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
23. Total underwriting deductions (Lines 17 to 22)	43,307,735	39,496,412	0	0	0	3,811,323	0	0	0	0	0	0	0
24. Total underwriting gain or (loss) (Line 7 minus Line 23)	523,529	(351,460)	0	0	0	874,989	0	0	0	0	0	0	0
DETAILS OF WRITE-INS													
0501. Co-payments	1,266,747	1,154,247				112,500							XXX
0502.													XXX
0503.													XXX
0598. Summary of remaining write-ins for Line 5 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	XXX
0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above)	1,266,747	1,154,247	0	0	0	112,500	0	0	0	0	0	0	XXX
0601.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0602.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0603.		XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
0698. Summary of remaining write-ins for Line 6 from overflow page	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	0
1301. Other Medical	842,882	842,882											XXX
1302.													XXX
1303.													XXX
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0	0	0	0	0	0	0	0	XXX
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	842,882	842,882	0	0	0	0	0	0	0	0	0	0	XXX

UNDERWRITING AND INVESTMENT EXHIBIT
PART 1 - PREMIUMS

	1	2	3	4
Line of Business	Direct Business	Reinsurance Assumed	Reinsurance Ceded	Net Premium Income (Cols. 1+2-3)
1. Comprehensive (hospital and medical)	37,791,654		375,111	37,416,543
2. Medicare Supplement .....				.0
3. Dental Only.....				.0
4. Vision Only.....				.0
5. Federal Employees Health Benefits Plan	4,608,519		34,707	4,573,812
6. Title XVIII - Medicare .....				.0
7. Title XIX - Medicaid.....				.0
8. Stop Loss .....				.0
9. Disability Income .....				.0
10. Long-term care .....				.0
11. Other health.....				.0
12. Health subtotal (Lines 1 through 11)	42,400,173	0	409,818	41,990,355
13. Life .....				.0
14. Property/Casualty.....				.0
15. Totals (Lines 12 to 14)	42,400,173	0	409,818	41,990,355

STATEMENT AS OF ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Grand Valley Health Plan

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2 - Claims Incurred During the Year

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other Health	Other Non- Health
1. Payments during the year:													
1.1 Direct	38,730,508	35,292,904				3,437,604							
1.2 Reinsurance assumed	0												
1.3 Reinsurance ceded	0												
1.4 Net	38,730,508	35,292,904	0	0	0	3,437,604	0	0	0	0	0	0	0
2. Paid medical incentive pools and bonuses	0												
3. Claim liability December 31, current year from Part 2A:													
3.1 Direct	4,101,344	4,101,344	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0
3.3 Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
3.4 Net	4,101,344	4,101,344	0	0	0	0	0	0	0	0	0	0	0
4. Claim reserve December 31, current year from Part 2D:													
4.1 Direct	0												
4.2 Reinsurance assumed	0												
4.3 Reinsurance ceded	0												
4.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Accrued medical incentive pools and bonuses, current year	0												
6. Amounts recoverable from reinsurers December 31, current year	586,799	586,799				0							
7. Claim liability December 31, prior year from Part 2A:													
7.1 Direct	3,443,204	3,443,204	0	0	0	0	0	0					
7.2 Reinsurance assumed	0	0	0	0	0	0	0	0					
7.3 Reinsurance ceded	0	0	0	0	0	0	0	0					
7.4 Net	3,443,204	3,443,204	0	0	0	0	0	0	0	0	0	0	0
8. Claim reserve December 31, prior year from Part 2D:													
8.1 Direct	0	0	0	0	0	0	0	0					
8.2 Reinsurance assumed	0	0	0	0	0	0	0	0					
8.3 Reinsurance ceded	0	0	0	0	0	0	0	0					
8.4 Net	0	0	0	0	0	0	0	0	0	0	0	0	0
9. Accrued medical incentive pools and bonuses, prior year	0	0	0	0	0	0	0	0					
10. Amounts recoverable from reinsurers December 31, prior year	525,219	478,930	0	0	0	46,289	0	0					
11. Incurred Benefits:													
11.1 Direct	39,388,648	35,951,044	0	0	0	3,437,604	0	0	0	0	0	0	0
11.2 Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0
11.3 Reinsurance ceded	61,580	107,869	0	0	0	(46,289)	0	0	0	0	0	0	0
11.4 Net	39,327,068	35,843,175	0	0	0	3,483,893	0	0	0	0	0	0	0
12. Incurred medical incentive pools and bonuses	0	0	0	0	0	0	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2A - Claims Liability End of Current Year

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Medical & Hospital)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefits Plan Premium	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other Health	Other Non-Health
1. Reported in Process of Adjustment:													
1.1. Direct	2,137,100	2,137,100											
1.2. Reinsurance assumed	0												
1.3. Reinsurance ceded	0												
1.4. Net	2,137,100	2,137,100	0	0	0	0	0	0	0	0	0	0	0
2. Incurred but Unreported:													
2.1. Direct	1,964,244	1,964,244											
2.2. Reinsurance assumed	0												
2.3. Reinsurance ceded	0												
2.4. Net	1,964,244	1,964,244	0	0	0	0	0	0	0	0	0	0	0
3. Amounts Withheld from Paid Claims and Capitations:													
3.1. Direct	0												
3.2. Reinsurance assumed	0												
3.3. Reinsurance ceded	0												
3.4. Net	0	0	0	0	0	0	0	0	0	0	0	0	0
4. TOTALS:													
4.1. Direct	4,101,344	4,101,344	0	0	0	0	0	0	0	0	0	0	0
4.2. Reinsurance assumed	0	0	0	0	0	0	0	0	0	0	0	0	0
4.3. Reinsurance ceded	0	0	0	0	0	0	0	0	0	0	0	0	0
4.4. Net	4,101,344	4,101,344	0	0	0	0	0	0	0	0	0	0	0

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2B - ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid During the Year		Claim Reserve and Claim Liability Dec. 31 of Current Year		5 Claims Incurred in Prior Years (Columns 1 + 3)	6 Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1 On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid December 31 of Prior Year	4 On Claims Incurred During the Year		
1. Comprehensive (hospital and medical)	3,348,616	30,470,156	11,875	4,112,768	3,360,491	3,478,204
2. Medicare Supplement .....					.0	.0
3. Dental Only.....					.0	.0
4. Vision Only.....					.0	.0
5. Federal Employees Health Benefits Plan Premiums		4,573,812		.0	.0	.0
6. Title XVIII - Medicare .....					.0	.0
7. Title XIX - Medicaid.....					.0	.0
8. Other health .....					.0	.0
9. Health subtotal (Lines 1 to 8).....	3,348,616	35,043,968	11,875	4,112,768	3,360,491	3,478,204
10. Other non-health.....					.0	
11. Medical incentive pools, and bonus amounts .....					.0	.0
12. Totals (Lines 9 to 11)	3,348,616	35,043,968	11,875	4,112,768	3,360,491	3,478,204

STATEMENT AS OF ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Grand Valley Health Plan

UNDERWRITING AND INVESTMENT EXHIBIT
PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS
 (000 Omitted)

Section A – Paid Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 1999	2 2000	3 2001	4 2002	5 2003
1. Prior	5,536,605	5,145,312	81,259	0	0
2. 1999	13,172,576	12,812,500	88,850	11,585	345
3. 2000	XXX	0	3,948,357	42,403	83,339
4. 2001	XXX	XXX	0	3,284,573	141,713
5. 2002	XXX	XXX	XXX	3,326,976	3,276,975
6. 2003	XXX	XXX	XXX	XXX	21,869,294

Section B – Incurred Health Claims - Hospital and Medical

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability and Reserve Outstanding at End of Year				
	1 1999	2 2000	3 2001	4 2002	5 2003
1. Prior	24,124,681	436,043	16,274	0	0
2. 1999	0	5,064,053	447,883	11,585	345
3. 2000	XXX	16,972,285	4,302,623	42,403	8,339
4. 2001	XXX	XXX	17,059,203	45,419	144,533
5. 2002	XXX	XXX	XXX	37,449,014	3,288,850
6. 2003	XXX	XXX	XXX	XXX	25,922,296

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Hospital and Medical

[illegible]

STATEMENT AS OF ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Grand Valley Health Plan

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2C - DEVELOPMENT OF PAID AND INCURRED HEALTH CLAIMS

(000 Omitted)

Section A - Paid Health Claims - Grand Total

Year in Which Losses Were Incurred	Cumulative Net Amounts Paid				
	1 1999	2 2000	3 2001	4 2002	5 2003
1. Prior	5,536,605	5,145,312	81,259	0	0
2. 1999	13,172,576	12,812,500	88,850	11,585	345
3. 2000	XXX	0	3,948,357	42,403	83,339
4. 2001	XXX	XXX	0	3,284,573	141,713
5. 2002	XXX	XXX	XXX	3,326,976	3,276,975
6. 2003	XXX	XXX	XXX	XXX	21,869,294

Section B - Incurred Health Claims - Grand Total

Year in Which Losses Were Incurred	Sum of Cumulative Net Amount Paid and Claim Liability and Reserve Outstanding at End of Year				
	1 1999	2 2000	3 2001	4 2002	5 2003
1. Prior	24,124,681	436,043	16,274	0	0
2. 1999	0	5,064,053	447,883	11,585	345
3. 2000	XXX	16,972,285	4,302,623	42,403	8,339
4. 2001	XXX	XXX	17,059,203	45,419	144,533
5. 2002	XXX	XXX	XXX	37,449,014	3,288,850
6. 2003	XXX	XXX	XXX	XXX	25,922,296

Section C – Incurred Year Health Claims and Claims Adjustment Expense Ratio – Grand Total

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2003 OF THE Grand Valley Health Plan

UNDERWRITING AND INVESTMENT EXHIBIT

PART 2D - AGGREGATE RESERVE FOR ACCIDENT AND HEALTH CONTRACTS ONLY

	1	2	3	4	5	6	7	8	9	10	11	12
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
POLICY RESERVE												
1. Unearned premium reserves .....	.0											
2. Additional policy reserves (a) .....	.0											
3. Reserve for future contingent benefits .....	.0											
4. Reserve for rate credits or experience rating refunds (including \$ for investment income) .....	.0											
5. Aggregate write-ins for other policy reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
6. Totals (Gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
7. Reinsurance ceded .....	.0											
8. Totals (Net) (Page 3, Line 4)	0	0			0	0	0	0	0	0	0	0
CLAIM RESERVE												
9. Present value of amounts not yet due on claims .....	.0											
10. Reserve for future contingent benefits .....	.0											
11. Aggregate write-ins for other claim reserves .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
12. Totals (Gross) .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
13. Reinsurance ceded .....	.0											
14. Totals (Net) (Page 3, Line 7)	0	0	0	0	0	0	0	0	0	0	0	0
DETAILS OF WRITE-INS												
0501.												
0502.												
0503.												
0598. Summary of remaining write-ins for Line 5 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
0599. TOTALS (Lines 0501 thru 0503 plus 0598) (Line 5 above)	0	0	0	0	0	0	0	0	0	0	0	0
1101.												
1102.												
1103.												
1198. Summary of remaining write-ins for Line 11 from overflow page .....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
1199. TOTALS (Lines 1101 thru 1103 plus 1198) (Line 11 above)	0	0	0	0	0	0	0	0	0	0	0	0

(a) Includes \$ premium deficiency reserve.

UNDERWRITING AND INVESTMENT EXHIBIT
PART 3 - ANALYSIS OF EXPENSES

	1 Claim Adjustment Expenses	2 General Administration Expenses	3 Investment Expenses	4 Total
1. Rent (\$ for occupancy of own building).....		411,287		411,287
2. Salaries, wages and other benefits.....	146,013	758,202		904,215
3. Commissions (less \$ ceded plus \$ assumed).....		602,954		602,954
4. Legal fees and expenses.....		64,065		64,065
5. Certifications and accreditation fees.....				0
6. Auditing, actuarial and other consulting services.....		6,128		6,128
7. Traveling expenses.....	1,009	30,407		31,416
8. Marketing and advertising.....		113,251		113,251
9. Postage, express and telephone.....	5,581	168,777		174,358
10. Printing and office supplies.....	2,459	70,951		73,410
11. Occupancy, depreciation and amortization.....		19,244		19,244
12. Equipment.....		(3,180)		(3,180)
13. Cost or depreciation of EDP equipment and software.....				0
14. Outsourced services including EDP, claims, and other services.....	127,438	171,741		299,179
15. Boards, bureaus and association fees.....		22,555		22,555
16. Insurance, except on real estate.....		83,171		83,171
17. Collection and bank service charges.....		37,161		37,161
18. Group service and administration fees.....		1,281,433		1,281,433
19. Reimbursements by uninsured accident and health plans.....				0
20. Reimbursements from fiscal intermediaries.....				0
21. Real estate expenses.....				0
22. Real estate taxes.....				0
23. Taxes, licenses and fees:				
23.1 State and local insurance taxes.....				0
23.2 State premium taxes.....				0
23.3 Regulatory authority licenses and fees.....				0
23.4 Payroll taxes.....	11,271	61,367		72,638
23.5 Other (excluding federal income and real estate taxes).....		75,427		75,427
24. Investment expenses not included elsewhere.....				0
25. Aggregate write-ins for expenses.....	0	0	0	0
26. Total expenses incurred (Lines 1 to 25).....	293,771	3,974,941	0 (a)	4,268,712
27. Less expenses unpaid December 31, current year.....		1,132,464		1,132,464
28. Add expenses unpaid December 31, prior year.....				0
29. Amounts receivable related to uninsured accident and health plans, prior year.....				0
30. Amounts receivable related to uninsured accident and health plans, current year.....				0
31. Total expenses paid (Lines 26 minus 27 plus 28 minus 29 plus 30)	293,771	2,842,477	0	3,136,248
DETAIL OF WRITE-INS				
2501.				
2502.				
2503.				
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Line 2501 thru 2503 plus 2598)(Line 25 above)	0	0	0	0

(a) Includes management fees of \$1,281,433 to affiliates and \$to non-affiliates.

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. Government bonds	(a) 0	..... 0
1.1	Bonds exempt from U.S. tax	(a) .....	.....
1.2	Other bonds (unaffiliated)	(a) .....	.....
1.3	Bonds of affiliates	(a) .....	.....
2.1	Preferred stocks (unaffiliated)	(b) .....	.....
2.11	Preferred stocks of affiliates	(b) .....	.....
2.2	Common stocks (unaffiliated) .....	.....	.....
2.21	Common stocks of affiliates .....	.....	.....
3.	Mortgage loans	(c) .....	.....
4.	Real estate	(d) .....	.....
5.	Contract loans .....	.....	.....
6.	Cash/short-term investments	(e) 61,118	..... 61,118
7.	Derivative instruments	(f) .....	.....
8.	Other invested assets .....	..... 153,248	..... 153,248
9.	Aggregate write-ins for investment income .....	..... 0	..... 0
10.	Total gross investment income	214,366	214,366
11.	Investment expenses		(g)
12.	Investment taxes, licenses and fees, excluding federal income taxes		(g)
13.	Interest expense		(h)
14.	Depreciation on real estate and other invested assets		(i)
15.	Aggregate write-ins for deductions from investment income .....		..... 0
16.	Total (Lines 11 through 15) .....		..... 0
17.	Net Investment Income - (Line 10 minus Line 16)		214,366
DETAILS OF WRITE-INS			
0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	..... 0	..... 0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0
1501.	.....		.....
1502.	.....		.....
1503.	.....		.....
1598.	Summary of remaining write-ins for Line 15 from overflow page .....		..... 0
1599.	Total (Lines 1501 through 1503 plus 1598) (Line 15, above)		0

- (a) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
- (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
- (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
- (f) Includes \$ accrual of discount less \$ amortization of premium.
- (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
- (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

		1	2	3	4	5
		Realized Gain (Loss) On Sales or Maturity	Other Realized Adjustments	Increases (Decreases) by Adjustment	Net Gain (Loss) from Change in Difference Between Basis Book/ Adjusted Carrying and Admitted Values	Total
1.	U.S. Government bonds .....					..... 0
1.1	Bonds exempt from U.S. tax .....					..... 0
1.2	Other bonds (unaffiliated) .....					..... 0
1.3	Bonds of affiliates .....					..... 0
2.1	Preferred stocks (unaffiliated) .....					..... 0
2.11	Preferred stocks of affiliates .....					..... 0
2.2	Common stocks (unaffiliated) .....					..... 0
2.21	Common stocks of affiliates .....					..... 0
3.	Mortgage loans .....					..... 0
4.	Real estate .....					..... 0
5.	Contract loans .....					..... 0
6.	Cash/Short-term investments .....					..... 0
7.	Derivative instruments .....					..... 0
8.	Other invested assets .....					..... 0
9.	Aggregate write-ins for capital gains (losses) .....	..... 0	..... 0	..... 0	..... 0	..... 0
10.	Total capital gains (losses)	0	0	0	0	0
DETAILS OF WRITE-INS						
0901.	.....					.....
0902.	.....					.....
0903.	.....					.....
0998.	Summary of remaining write-ins for Line 9 from overflow page .....	..... 0	..... 0	..... 0	..... 0	..... 0
0999.	Totals (Lines 0901 through 0903 plus 0998) (Line 9, above)	0	0	0	0	0

EXHIBIT 1 - ANALYSIS OF NONADMITTED ASSETS AND RELATED ITEMS

	1 End of Current Year	2 End of Prior Year	3 Changes for Year (Increase) or Decrease
1. Summary of Items Page 2, Lines 12 to 20, Column 2	619,819	2,025,151	1,405,332
2. Other Non-Admitted Assets:			
2.1 Bills receivable.....	76,196	0	(76,196)
2.2 Leasehold improvements.....	50,014	0	(50,014)
2.3 Cash advanced to or in hands of officers and agents.....		0	0
2.4 Loans on personal security, endorsed or not.....		0	0
2.5 Commuted commissions.....		0	0
3. Total (Lines 2.1 to 2.5)	126,210	0	(126,210)
4. Aggregate write-ins for other assets.....	39,583	209,599	170,016
5. Total (Line 1 plus Lines 3 and Line 4)	785,612	2,234,750	1,449,138
0401. Prepaids.....	39,583	209,599	170,016
0402.	0	0	0
0403.			
0498. Summary of remaining write-ins for Line 4 from overflow page	0	0	0
0499. Totals (Lines 0401 thru 0403 plus 0498) (Line 4 above)	39,583	209,599	170,016

EXHIBIT 2 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
1. Health Maintenance Organizations.....	19,413	19,030	18,511	18,671	18,597	225,770
2. Provider Service Organizations.....	.0					
3. Preferred Provider Organizations.....	.0					
4. Point of Service.....	148	184	197	236	277	2,514
5. Indemnity Only.....	.0					
6. Aggregate write-ins for other lines of business	0	0	0	0	0	0
7. Total	19,561	19,214	18,708	18,907	18,874	228,284
DETAILS OF WRITE-INS						
0601.						
0602.						
0603.						
0698. Summary of remaining write-ins for Line 6 from overflow page .....	.0	.0	.0	.0	.0	.0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0	0	0

NOTES TO FINANCIAL STATEMENTS

ANNUAL STATEMENT FOR THE YEAR 2003 OF GRAND VALLEY HEALTH PLAN

Notes to the Financial Statements

Note One: Summary of Significant Accounting Principles

Basis of Presentation:

The accompanying financial statements have been prepared in conformity with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual for health organizations except to the extent that state requirements differs.

Cash and Cash Equivalents:

Cash and Cash Equivalents includes deposits in financial institutions with maturates of 90 days or less at the date of acquisition.

Property and Equipment:

Depreciable assets are stated at net book value. Depreciation is generally computed using the straight line method over the estimated useful lives. Assets are reviewed for impairment when events indicate that the carrying amount may not be recoverable.

Accrued Medical Claims:

Health care costs are accrued as services are rendered and include estimates of services performed but not yet billed for.

Premiums:

Member premiums are recorded as revenues in the month that members are entitled to services.

Premium collected in advance are recorded as unearned premiums.

Other invested assets:

The investment in Leonard Street LLC represents a 30% ownership and is accounted for using the equity method of accounting.

Investments:

Investments are reported at their fair market value.

Inventories: Inventories consist of pharmaceuticals and are stated at cost using the first-in first-out method.

The State of Michigan implemented SSAP on January 1, 2003, and this statement was prepared using these statutory reporting guidelines.

Note Two: Accounting Changes and Corrections of Errors

None to report

Note Three: Business Combinations and Goodwill

None to report

Note Four: Discontinued Operations

None to report

Note Five: Investments

Mortgage loans - none

Debt Restructure - none

Reverse Mortgage - none

Loan Backed Securities - none

Repurchase Agreements - none

Note 6: Joint Ventures, Partnerships and Limited Liability Corporations

Leonard Street LLC operates and maintains the building used by Grand Valley Surgery Center, Grand Valley Health Plan Radiology , Grand Valley Health Plan Pharmacy, Grand Valley Health Plan

NOTES TO FINANCIAL STATEMENTS

Beckwith Health Center and Orthopedic Associates of Grand Rapids.
Grand Valley Health Plan own a 30% interest and uses the equity method to account for this investment.

Note 7: Investment Income
The amount accrued for investment income due and accrued was \$0 at the end of 2003.

Note 8: Derivatives
None to report

Note 9: Income Taxes
Grand Valley Health Plan holds a deferred tax asset as shown on the Balance Sheet. The net operating loss carry forward will expire in years 2018-2020.

Note 10: Information concerning Parent, Subsidiary and Affiliates
The nature of the relationships;
Grand Valley Health Plan is a wholly owned subsidiary of Grand Valley Health Corporation and pays GVHC for management services and expense reimbursements.

Grand Valley Health Plan will sometimes pay general accounts payables the expense for which are appropriately charged to one of the other members of the holding company. Such charges are then settled by the corresponding entity.

Grand Valley Health Facilities is a wholly owned subsidiary of Grand Valley Health Corporation, and manages buildings utilized by Grand Valley Health Plan. Health Plan pays for rental and other expense reimbursements.

Grand Valley Health Management is a wholly owned subsidiary of Grand Valley Health Corporation.

Grand Valley Surgery Center is partially owned by Grand Valley Health Management (54%) and Grand Valley Health Corporation (1%).

Grand Valley Technology Services is 52% owned by Grand Valley Health Corportation and 48% by other investors. Grand Valley Technology Services provides techology solutions to Grand Valley Health Plan for its insurance and medical management practices.

Note 11 Debt
None to report

Note 12 Retirement Plans, Deferred Compensation, Post Employment Benefits, Compensated absences and other post retirement plans.
Grand Valley Health Plan participates in an Employee Stock Ownership Plan covering substantially all full time employees. The ESOP invests primarily in the stock of Grand Valley Health Corporation. GVHP offers a 401(k) plan to (no match) interested employees who are at least 21 years old. Compensated Absences are accrued to cover vested vacation days still unused and outstanding.

Note 13 Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganization
Stock Common Stock only
Par Value of \$1.00
Shares Authorized 400,000
Shares Issued and Outstanding 312,996
Additional Paid in Capital \$1,212,873
A Surplus Note in the amount of \$500,000 remains .

Note 14 Contingencies:
None to report

Note 15 Leases
GVHP leases six of its seven Health Centers as well as administrative space from an organization that is considered a related party. The leases are non-cancelable and contain renewal provisions. Under the

NOTES TO FINANCIAL STATEMENTS

terms of the lease, GVHP is responsible for the payment of utilities, maintenance and property taxes.

Note 16 Off Balance Sheet risk
None to report.

Note 17 Sales, Transfers and Servicing of Financial Assets and Extinguishment of Liabilities
None to report.

Note 18 Gain or Loss to Reporting entity from uninsured A&H plan and the Uninsured portion of partially used plans:
None to report.

Note 19 Direct Premium written/produced by managing agents/third party administrators
None to report

Note 20 Other Items
None to report

Note 21 Subsequent Events
None to report.

Note 22 Reinsurance
None to report.

Note23: Retrospectively rated contracts
None to report

Note 24 Organizations and Operations
GVHP is a staff model HMO serving the West Michigan area with the operation of seven health centers, two pharmacies, urgent care facility, counseling and wellness, holistic health and radiology services.

Note 25 Salvage and Subrogation
None to report

Note 26 Changes in incurred claims and claims adjustment expense
Claims adjustment expenses have been segregated in balance sheet. Cost containment efforts continue to be an organizational priority.

Note 27 Statutory Reserves
The statutory net worth of Grand Valley Health Plan exceeds state law which requires \$1,500,000.

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement	
	1 Amount	2 Percentage	3 Amount	4 Percentage
1. Bonds:				
1.1 U.S. Treasury securities .....		.0.000		.0.000
1.2 U.S. government agency and corporate obligations (excluding mortgage-backed securities):				
1.21 Issued by U.S. government agencies .....		.0.000		.0.000
1.22 Issued by U.S. government sponsored agencies .....		.0.000		.0.000
1.3 Foreign government (including Canada, excluding mortgaged-backed securities) .....		.0.000		.0.000
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:				
1.41 States, territories and possessions general obligations .....		.0.000		.0.000
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations .....		.0.000		.0.000
1.43 Revenue and assessment obligations .....		.0.000		.0.000
1.44 Industrial development and similar obligations .....		.0.000		.0.000
1.5 Mortgage-backed securities (includes residential and commercial MBS):				
1.51 Pass-through securities:				
1.511 Guaranteed by GNMA .....		.0.000		.0.000
1.512 Issued by FNMA and FHLMC .....		.0.000		.0.000
1.513 Privately issued .....		.0.000		.0.000
1.52 CMOs and REMICs:				
1.521 Issued by FNMA and FHLMC .....		.0.000		.0.000
1.522 Privately issued and collateralized by MBS issued or guaranteed by GNMA, FNMA, or FHLMC .....		.0.000		.0.000
1.523 All other privately issued .....		.0.000		.0.000
2. Other debt and other fixed income securities (excluding short-term):				
2.1 Unaffiliated domestic securities (includes credit tenant loans rated by the SVO) .....		.0.000		.0.000
2.2 Unaffiliated foreign securities .....		.0.000		.0.000
2.3 Affiliated securities .....		.0.000		.0.000
3. Equity interests:				
3.1 Investments in mutual funds .....		.0.000		.0.000
3.2 Preferred stocks:				
3.21 Affiliated .....		.0.000		.0.000
3.22 Unaffiliated .....		.0.000		.0.000
3.3 Publicly traded equity securities (excluding preferred stocks):				
3.31 Affiliated .....		.0.000		.0.000
3.32 Unaffiliated .....		.0.000		.0.000
3.4 Other equity securities:				
3.41 Affiliated .....		.0.000		.0.000
3.42 Unaffiliated .....		.0.000		.0.000
3.5 Other equity interests including tangible personal property under lease:				
3.51 Affiliated .....		.0.000		.0.000
3.52 Unaffiliated .....		.0.000		.0.000
4. Mortgage loans:				
4.1 Construction and land development .....		.0.000		.0.000
4.2 Agricultural .....		.0.000		.0.000
4.3 Single family residential properties .....		.0.000		.0.000
4.4 Multifamily residential properties .....		.0.000		.0.000
4.5 Commercial loans .....		.0.000		.0.000
4.6 Mezzanine real estate loans .....		.0.000		.0.000
5. Real estate investments:				
5.1 Property occupied by the company .....		.0.000	1,267,858	18.158
5.2 Property held for the production of income (includes \$of property acquired in satisfaction of debt) .....		.0.000	.0	.0.000
5.3 Property held for sale (\$including property acquired in satisfaction of debt) .....		.0.000	.0	.0.000
6. Policy loans .....		.0.000		.0.000
7. Receivables for securities .....		.0.000	.0	.0.000
8. Cash and short-term investments	4,952,081	86.659	4,952,081	70.923
9. Other invested assets	762,387	13.341	762,387	10.919
10. Total invested assets	5,714,468	100.000	6,982,326	100.000

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?

Yes [X] No []
- 1.2

If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations?

Yes [X] No [] NA []
- 1.3

State Regulating?

Michigan
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [] No [X]
- 2.2

If yes, date of change:

If not previously filed, furnish herewith a certified copy of the instrument as amended.
- 3.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2001
- 3.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2001
- 3.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

06/16/2003
- 3.4

By what department or departments?
- 4.1

During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity), receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.11 sales of new business?

Yes [] No [X]

4.12 renewals?

Yes [] No [X]
- 4.2

During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:

4.21 sales of new business?

Yes [] No [X]

4.22 renewals?

Yes [] No [X]
- 5.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [] No [X]
- 5.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile

- 6.1

Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? (You need not report an action, either formal or informal, if a confidentiality clause is part of the agreement.)

Yes [] No [X]
- 6.2

If yes, give full information
- 7.1

Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity?

Yes [] No [X]
- 7.2

If yes,

7.21 State the percentage of foreign control;

7.22 State the nationality(s) of the foreign person(s) or entity(s) or if the entity is a mutual or reciprocal, the nationality of its manager or attorney in fact; and identify the type of entity(s) (e.g., individual, corporation or government, manager or attorney in fact).

1 Nationality	2 Type of Entity

GENERAL INTERROGATORIES
(continued)

- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [] No [X]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [] No [X]
- 8.4

If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC) and identify the affiliate's primary federal regulator.]

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?

Crowe , South Bend, IN
10.

What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with a(n) actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?

Mercer Oliver Wyman, Milwaukee, WI
11.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
- 11.1

What changes have been made during the year in the United States Manager or the United States Trustees of the reporting entity?
- 11.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [X] No []
- 11.3

Have there been any changes made to any of the trust indentures during the year?

Yes [] No [X]
- 11.4

If answer to (11.3) is yes, has the domiciliary or entry state approved the changes?

Yes [] No [] NA []

BOARD OF DIRECTORS

12.

Is the purchase or sale of all investments of the reporting entity passed upon either by the board of directors or a subordinate committee thereof?

Yes [X] No []
13.

Does the reporting entity keep a complete permanent record of the proceedings of its board of directors and all subordinate committees thereof?

Yes [X] No []
14.

Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees which is in or likely to conflict with the official duties of such person?

Yes [X] No []

FINANCIAL

- 15.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

15.11 To directors or other officers .. \$0

15.12 To stockholders not officers ... \$0

15.13 Trustees, supreme or grand (Fraternal only) \$0
- 15.2

Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):

15.21 To directors or other officers ... \$0

15.22 To stockholders not officers \$0

15.23 Trustees, supreme or grand (Fraternal only) \$0
- 16.1

Were any of the assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in this statement?

Yes [] No [X]
- 16.2

If yes, state the amount thereof at December 31 of the current year:

16.21 Rented from others \$

16.22 Borrowed from others \$

16.23 Leased from others \$

16.24 Other \$

Disclose in Notes to Financial the nature of each obligation.
- 17.1

Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes [] No [X]
- 17.2

If answer is yes,

17.21 Amount paid as losses or risk adjustment \$

17.22 Amount paid as expenses \$

17.23 Other amounts paid \$

GENERAL INTERROGATORIES
(continued)
INVESTMENT

18. List the following capital stock information for the reporting entity:

Class	1 Number of Shares Authorized	2 Number of Shares Outstanding	3 Par Value Per Share	4 Redemption Price if Callable	5 Is Dividend Rate Limited?		6 Are Dividends Cumulative?	
					Yes	No	Yes	No
Preferred	.....0	.....0	.....0.000	.....0	[]	[X]	[]	[X]
Common	400,000	312,996	1.000	XXX	XXX	XXX	XXX	XXX

19.1. Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date, except as shown by Schedule E - Part 3 - Special Deposits? Yes [] No [X]

19.2 If no, give full and complete information relating thereto:

Safekeeping provided by Fifth Third Bank

20.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, except as shown on the Schedule E - Part 3 - Special Deposits; or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 16.1) Yes [] No [X]

20.2 If yes, state the amount thereof at December 31 of the current year:

20.21

Loaned to others

\$.....

20.22

Subject to repurchase agreements

\$.....

20.23

Subject to reverse repurchase agreements

\$.....

20.24

Subject to dollar repurchase agreements

\$.....

20.25

Subject to reverse dollar repurchase agreements

\$.....

20.26

Pledged as collateral

\$.....

20.27

Placed under option agreements

\$.....

20.28

Letter stock or other securities restricted as to sale ...

\$.....

20.29

Other

\$.....

20.3 For each category above, if any of these assets are held by other, identify by whom held:

20.31

20.35

20.32

20.36

20.33

20.37

20.34

20.38

20.39

For categories (20.21) and (20.23) above, and for any securities that were made available for use by another person during the period covered by this statement, attach a schedule as shown in the instructions to the annual statement.

20.4 For category (20.28) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....
.....
.....
.....

21.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes [] No [X]

21.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [] No [] NA [X]
If no, attach a description with this statement.

22.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes [] No [X]

22.2 If yes, state the amount thereof at December 31 of the current year. \$.....

GENERAL INTERROGATORIES
(continued)
INVESTMENT

23. Excluding items in Schedule E, real estate, mortgage loans and investments held physically in the reporting entity’s offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Part 1 – General, Section IV.H-Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes [X] No []

23.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

<div>1</div> <div>Name of Custodian(s)</div>	<div>2</div> <div>Custodian's Address</div>
Fifth Third Bank.....	Grand Rapids, MI 49503.....

23.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

<div>1</div> <div>Name(s)</div>	<div>2</div> <div>Location(s)</div>	<div>2</div> <div>Complete Explanation(s)</div>
.....
.....
.....

23.03 Have there been any changes, including name changes, in the custodian(s) identified in 23.01 during the current year?

Yes [] No [X]

23.04 If yes, give full and complete information relating thereto:

<div>1</div> <div>Old Custodian</div>	<div>2</div> <div>New Custodian</div>	<div>3</div> <div>Date of Change</div>	<div>4</div> <div>Reason</div>
.....
.....

23.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

<div>1</div> <div>Central Registration Depository Number(s)</div>	<div>2</div> <div>Name</div>	<div>2</div> <div>Address</div>
.....
.....

24.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?.....

Yes [] No [X]

24.2 If yes, complete the following schedule:

<div>1</div> <div>CUSIP #</div>	<div>2</div> <div>Name of Mutual Fund</div>	<div>3</div> <div>Book/Adjusted Carrying Value</div>
.....
9999999. TOTAL		0

24.3 For each mutual fund listed in the table above, complete the following schedule:

<div>1</div> <div>Name of Mutual Fund (from above table)</div>	<div>2</div> <div>Name of Significant Holding Of the Mutual Fund</div>	<div>3</div> <div>Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding</div>	<div>4</div> <div>Date of Valuation</div>
.....
.....

GENERAL INTERROGATORIES

(continued)

OTHER

25.1 Amount of payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus, if any?.....\$

25.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to Trade Associations, Service Organizations and Statistical or Rating Bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....
.....

26.1 Amount of payments for legal expenses, if any?.....\$58,829

26.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Dunn, Schouten, Snoap.....	.....35,043
Warner, Norcross, & Judd.....	.....8,473
Aardema, Whitelaw, & Sears.....	.....2,354
Smith, Haughey, Rice.....	.....12,959

27.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any?.....\$

27.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....
.....
.....

GENERAL INTERROGATORIES

(continued)

PART 2 - HEALTH INTERROGATORIES

1.1

Does the reporting entity have any direct Medicare Supplement Insurance in force?

Yes [] No [X]

1.2

If yes, indicate premium earned on U. S. business only

\$

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$

1.31

Reason for excluding

1.4

Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.

\$

1.5

Indicate total incurred claims on all Medicare Supplement Insurance.

\$

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$0

1.62

Total incurred claims

\$0

1.63

Number of covered lives

\$0

All years prior to most current three years:

1.64

Total premium earned

\$0

1.65

Total incurred claims

\$0

1.66

Number of covered lives

\$0

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$0

1.72

Total incurred claims

\$0

1.73

Number of covered lives

\$0

All years prior to most current three years:

1.74

Total premium earned

\$0

1.75

Total incurred claims

\$0

1.76

Number of covered lives

\$0

2.

Health Test:

1

Current Year

2.1

Premium Numerator

\$41,990,356

2.2

Premium Denominator

\$41,990,356

2.3

Premium Ratio (2.1/2.2)

.....1.000

2.4

Reserve Numerator

\$4,124,643

2.5

Reserve Denominator

\$4,101,344

2.6

Reserve Ratio (2.4/2.5)

.....1.006

2

Prior Year

.....38,981,260

.....38,981,260

.....1.000

.....3,478,204

.....3,443,204

.....1.010

3.1

Has the reporting entity received any endowment or gift from contracting hospitals, physicians, dentists, or others that is agreed will be returned when, as and if the earnings of the reporting entity permits?

Yes [] No [X]

3.2

If yes, give particulars:

4.1

Have copies of all agreements stating the period and nature of hospitals', physicians', and dentists' care offered to subscribers and departments been filed with the appropriate regulatory agency?

Yes [X] No []

4.2

If not previously filed, furnish herewith a copy(ies) of such agreement(s). Do these agreements include additional benefits offered?

Yes [] No [X]

5.1

Does the reporting entity have stop-loss reinsurance?

Yes [X] No []

5.2

If no, explain:

5.3

Maximum retained risk (see instructions)

5.31

Comprehensive Medical

\$150,000

5.32

Medical Only

\$0

5.33

Medicare Supplement

\$

5.34

Dental

\$

5.35

Other Limited Benefit Plan

\$

5.36

Other

\$

6.

Describe arrangement which the reporting entity may have to protect subscribers and their dependents against the risk of insolvency including hold harmless provisions, conversion privileges with other carriers, agreements with providers to continue rendering services, and any other agreements:

7.1

Does the reporting entity set up its claim liability for provider services on a service data base?

Yes [X] No []

7.2

If no, give details:

8.

Provide the following Information regarding participating providers:

8.1

Number of providers at start of reporting year

.....299

8.2

Number of providers at end of reporting year

.....299

9.1

Does the reporting entity have business subject to premium rate guarantees?

Yes [] No [X]

9.2

If yes, direct premium earned:

9.21

Business with rate guarantees between 15-36 months

9.22

Business with rate guarantees over 36 months

32

GENERAL INTERROGATORIES
(continued)

PART 2 - HEALTH INTERROGATORIES

10.1 Does the reporting entity have Incentive Pool, Withhold and Bonus/ Arrangements in its provider contract?

Yes [☐] No [☒]

10.2 If yes:

10.21 Maximum amount payable bonuses

10.22 Amount actually paid for year bonuses

10.23 Maximum amount payable withholds

10.24 Amount actually paid for year withholds

\$.....

\$.....

\$.....

\$.....

11.1 Is the reporting entity organized as:

11.12 A Medical Group/Staff Model,

11.13 An Individual Practice Association (IPA), or,

11.14 A Mixed Model (combination of above) ?.....

Yes [☒] No [☐]

Yes [☐] No [☒]

Yes [☐] No [☒]

11.2 Is the reporting entity subject to Minimum Net Worth Requirements?

Yes [☒] No [☐]

11.3 If yes, show the name of the state requiring such net worth.

Michigan

11.4 If yes, show the amount required.

\$.....1,500,000

11.5 Is this amount included as part of a contingency reserve in stockholders equity?

Yes [☐] No [☒]

11.6 If the amount is calculated, show the calculation.

12. List service areas in which reporting entity is licensed to operate:

1 Name of Service Area
Kent County
Kent County.....
Ottwaa County.....
Allegan County.....
Ionia County.....

FIVE-YEAR HISTORICAL DATA

	1 2003	2 2002	3 2001	4 2000	5 1999
BALANCE SHEET ITEMS (Pages 2 and 3)					
1. Total admitted assets (Page 2, Line 26)	9,254,371	7,096,282	6,620,357	6,303,641	7,542,416
2. Total liabilities (Page 3, Line 22)	5,376,815	5,109,909	5,130,747	5,667,860	6,786,271
3. Statutory surplus		0	0	0	0
4. Total capital and surplus (Page 3, Line 30)	3,877,556	1,986,373	1,489,610	635,781	756,145
INCOME STATEMENT ITEMS (Page 4)					
5. Total revenues (Line 8)	43,831,264	40,811,636	37,911,977	34,333,715	32,681,201
6. Total medical and hospital expenses (Line 18)	39,039,023	36,214,421	34,404,971	32,355,692	33,972,485
7. Total administrative expenses (Line 21)	3,974,941	3,956,145	3,270,426	3,126,418	3,095,310
8. Net underwriting gain (loss) (Line 24)	523,529	423,484	64,980	(823,291)	(4,569,265)
9. Net investment gain (loss) (Line 27)	208,754	150,601	191,198	137,462	362,671
10. Total other income (Lines 28 plus 29)	0	0	0	0	0
11. Net income (loss) (Line 32)	485,972	321,085	256,178	(685,829)	(4,206,594)
RISK - BASED CAPITAL ANALYSIS					
12. Total adjusted capital	3,877,556	1,986,373	1,489,610	635,781	756,145
13. Authorized control level risk-based capital	1,412,897	1,297,394	1,337,709	1,241,720	1,363,489
ENROLLMENT (Exhibit 2)					
14. Total members at end of period (Column 5, Line 7)	18,874	19,561	20,503	21,028	22,046
15. Total member months (Column 6, Line 7)	228,284	238,609	255,910	257,819	280,472
OPERATING PERCENTAGE (Page 4)					
(Item divided by Page 4, sum of Lines 2, 3 and 5)					
16. Premiums earned (Lines 2 plus 3)	100.0	100.0	100.0	100.0	100.0
17. Total hospital and medical (Line 18)	93.0	92.9	95.6	98.5	105.8
18. Total underwriting deductions (Line 23)	103.1	103.6	105.2	107.0	114.9
19. Total underwriting gain (loss) (Line 24)	1.2	1.1	0.2	(2.5)	(14.2)
UNPAID CLAIMS ANALYSIS					
(U&I Exhibit, Part 2B)					
20. Total claims incurred for prior years (Line 12, Col. 5)	3,360,491	3,383,980	4,794,477	5,500,097	5,598,499
21. Estimated liability of unpaid claims – [prior year (Line 12, Col. 6)]	3,478,204	4,113,648	4,514,589	5,415,500	4,792,126
INVESTMENTS IN PARENT, SUBSIDIARIES AND AFFILIATES					
22. Affiliated bonds (Sch. D Summary, Line 25, Col. 1)	0	0	0	0	0
23. Affiliated preferred stocks (Sch. D Summary, Line 39, Col. 1)	0	0	0	0	0
24. Affiliated common stocks (Sch. D Summary, Line 53, Col. 2)	0	0	0	0	0
25. Affiliated short-term investments (subtotal included in Sch. DA, Part 2, Col. 5, Line 11)	0	0	0	0	0
26. Affiliated mortgage loans on real estate		0	0	0	0
27. All other affiliated		0	0	0	0
28. Total of above Lines 22 to 27	0	0	0	0	0

Schedule D - Summary By Country

NONE

Schedule D - Verification Between Years

NONE

SCHEDULE T PREMIUMS AND OTHER CONSIDERATIONS

Allocated by States and Territories

		1	2	Direct Business Only					
				3	4	5	6	7	8
States, Etc.		Guaranty Fund (Yes or No)	Is Insurer Licensed? (Yes or No)	Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life & Annuity Premiums & Deposit Type Contract Funds	Property/ Casualty Premiums
1.	Alabama.....AL								
2.	Alaska.....AK								
3.	Arizona.....AZ								
4.	Arkansas.....AR								
5.	California.....CA								
6.	Colorado.....CO								
7.	Connecticut.....CT								
8.	Delaware.....DE								
9.	District of Columbia.....DC								
10.	Florida.....FL								
11.	Georgia.....GA								
12.	Hawaii.....HI								
13.	Idaho.....ID								
14.	Illinois.....IL								
15.	Indiana.....IN								
16.	Iowa.....IA								
17.	Kansas.....KS								
18.	Kentucky.....KY								
19.	Louisiana.....LA								
20.	Maine.....ME								
21.	Maryland.....MD								
22.	Massachusetts.....MA								
23.	Michigan.....MI	No	Yes	37,826,361			4,573,812		
24.	Minnesota.....MN								
25.	Mississippi.....MS								
26.	Missouri.....MO								
27.	Montana.....MT								
28.	Nebraska.....NE								
29.	Nevada.....NV								
30.	New Hampshire.....NH								
31.	New Jersey.....NJ								
32.	New Mexico.....NM								
33.	New York.....NY								
34.	North Carolina.....NC								
35.	North Dakota.....ND								
36.	Ohio.....OH								
37.	Oklahoma.....OK								
38.	Oregon.....OR								
39.	Pennsylvania.....PA								
40.	Rhode Island.....RI								
41.	South Carolina.....SC								
42.	South Dakota.....SD								
43.	Tennessee.....TN								
44.	Texas.....TX								
45.	Utah.....UT								
46.	Vermont.....VT								
47.	Virginia.....VA								
48.	Washington.....WA								
49.	West Virginia.....WV								
50.	Wisconsin.....WI								
51.	Wyoming.....WY								
52.	American Samoa.....AS								
53.	Guam.....GU								
54.	Puerto Rico.....PR								
55.	U.S. Virgin Islands.....VI								
56.	Canada.....CN								
57.	Aggregate other alien.....OT	XXX	XXX	0	0	0	0	0	0
58.	Total (Direct Business)	XXX	(a) 1	37,826,361	0	0	4,573,812	0	0
DETAILS OF WRITE-INS									
5701.	.....							
5702.	.....							
5703.	.....							
5798.	Summary of remaining write-ins for Line 57 from overflow page			0	0	0	0	0	0
5799.	Totals (Lines 5701 thru 5703 plus 5798) (Line 57 above)			0	0	0	0	0	0

Explanation of basis of allocation by states, premiums by state, etc.:
(a) Insert the number of yes responses except for Canada and Other Alien.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER AND HMO MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

Grand Valley Health Corporation

